		2:05 400 55 400
SCHEDULE B (FEC Form 3) TEMIZED DISBURSEMENTS	Use separate schedule for each category of the Detailed Summary Page	he X 17 18 19a 19h
Any information copied from such Reports and Statements or for commercial purposes, other than using the name and		by any person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) VALADAO FOR CONGRESS		
Full Name (Last, First, Middle Initial)  A. TAL ESLICK		Date of Disbursement
Mailing Address 1532 N SANDERS AVE		06 04 2015
City State CLOVIS CA	Zip Code 93619	Amount of Each Disbursement this Period
Purpose of Disbursement SEE MEMO ITEMS BELOW		003 Transaction ID : EXPB12624
Candidate Name	Ca	ategory/ Type
State: District: Full Name (Last, First, Middle Initial)		
Mailing Address 827 OAK PARK BLVD		Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City State PISMO BEACH CA	Zip Code 93449	Amount of Each Disbursement this Period
Purpose of Disbursement REFRESHMENTS FOR FUNDRAISING EVENT  003		003
Candidate Name	Ca	Transaction ID : EDTB40EXPB12624  ategory/ Type [MEMO ITEM]
Office Sought:    House   Disbursement F	or: 2016 ry General (specify)	
State: District:  Full Name (Last, First, Middle Initial)		
C. WALMART		Date of Disbursement
Mailing Address 1168 W BRANCH ST		M M / D D / Y Y Y Y O O O O O O O O O O O O O O O
City State ARROYO GRANDE CA	Zip Code 93420	Amount of Each Disbursement this Period
Purpose of Disbursement REFRESHMENTS FOR FUNDRAISING EVENT		003
Candidate Name		Transaction ID : EDTB43EXPB12624  Type [MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....